

NOTICE AND CONSENT FOR INITIAL PLACEMENT IN SPECIAL EDUCATION SERVICES

School District: _____ Date of Notice: _____

Parent's Name: _____ Child's Name: _____

On _____ the Individual Education Plan (IEP) Team met to develop an appropriate
(date)

educational program for your child. To the maximum extent appropriate, your child will be educated with other children in the general education environment. Your child will be removed from the general education environment only when the nature or severity of needs are such that education in general education classes with supplementary services cannot be achieved satisfactorily. Based on the IEP which has been developed for your child, the _____ Public Schools proposes to serve your child within the following program (*describe the proposed program*): _____

The suggested special education program is based on (*describe the reasons why the district proposes to place*):

To determine the appropriate placement for your child, the school district considered the following option(s) prior to reaching the placement decision, and rejected those option(s) because (*provide a description of any options the district considered and the reasons why those options were rejected*): _____

The proposed placement is based upon the following evaluation procedures, tests, records or reports:

Other factors which are relevant to the school district's proposal, if any, are: _____

Parents of children with disabilities have rights which are protected under the procedural safeguards of the Individual with Disabilities Education Act (IDEA). If you would like a copy of your procedural safeguards or if you have any questions regarding this notice or your rights, you may contact:

_____ at _____.
(name) (phone number)

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:

Lincoln Office:	402-471-2471
Omaha Office:	402-595-2177
Scottsbluff Office:	308-632-1349
Hotline for Disability Services:	800-742-7594
Nebraska Parent Training Center:	800-284-8520 or 402-346-0525
Nebraska Advocacy Services:	800-422-6091 or 402-474-3183

GIVE CONSENT FOR INITIAL PLACEMENT

I have received a copy of the Notice and **give consent** for the special education program specified in this Notice. I understand this consent is voluntary and may be revoked at any time.

Signature of Parents

Date

DO NOT GIVE CONSENT FOR INITIAL PLACEMENT

I have received a copy of the Notice and **do not give consent** for the special education program specified in this Notice. The reason for not giving consent to the proposed special education program is:

Signature of Parents

Date